IOWA

MANUAL

FOR

PUBLIC HEALTH NURSES

IOWA . STATE DEPARTMENT OF HEALTH

Division of Public Health Nursi

FOREWORD

The public health nurse has an essential and important role in every organized state public health program. The manual that has been prepared by the Division of Public Health Nursing presents a plan of work and should serve as an excellent guide to the public health nurse in her various activities.

It is hoped further that the information contained therein will be of interest to all those who are concerned in the development of a complete public health service in the State of Iowa.

Walter L. Bierring, M. D.
Commissioner

IOWA STATE DEPARTMENT OF HEALTH

DIVISION OF PUBLIC HEALTH NURSING

INTRODUCTION

MATTIE BRASS R.N., DIRECTOR

This Manual for the Public Health Nurses of Iowa is provided as a guide for all public health nurses in the state and as a specific program of action for nurses employed in whole or in part by the State Department of Health.

Since there exists such a wide variety of published material on subjects pertaining to methods of meeting service responsibility, it is not the intention of this Manual to emphasize educational content. Rather it is intended to indicate nursing responsibility in the various service programs, and to list policies pertinent to nurse employment and agency practice.

The Manual has been prepared by committees composed of staff nurses, consultant nurses and supervisors from the Division of Public Health Nursing. It has been reviewed by local staff groups, public health medical personnel and supervisor and consultant personnel. The content represents the combined thinking of all these individuals.

The committees wish to express sincere thanks to Marie Neuschaefer, the former Director of Public Health Nurses, for her assistance and guidance in the writing of this manual.

IOWA STATE DEPARTMENT OF HEALTH

Division of Public Health Nursing

NURSING MANUAL

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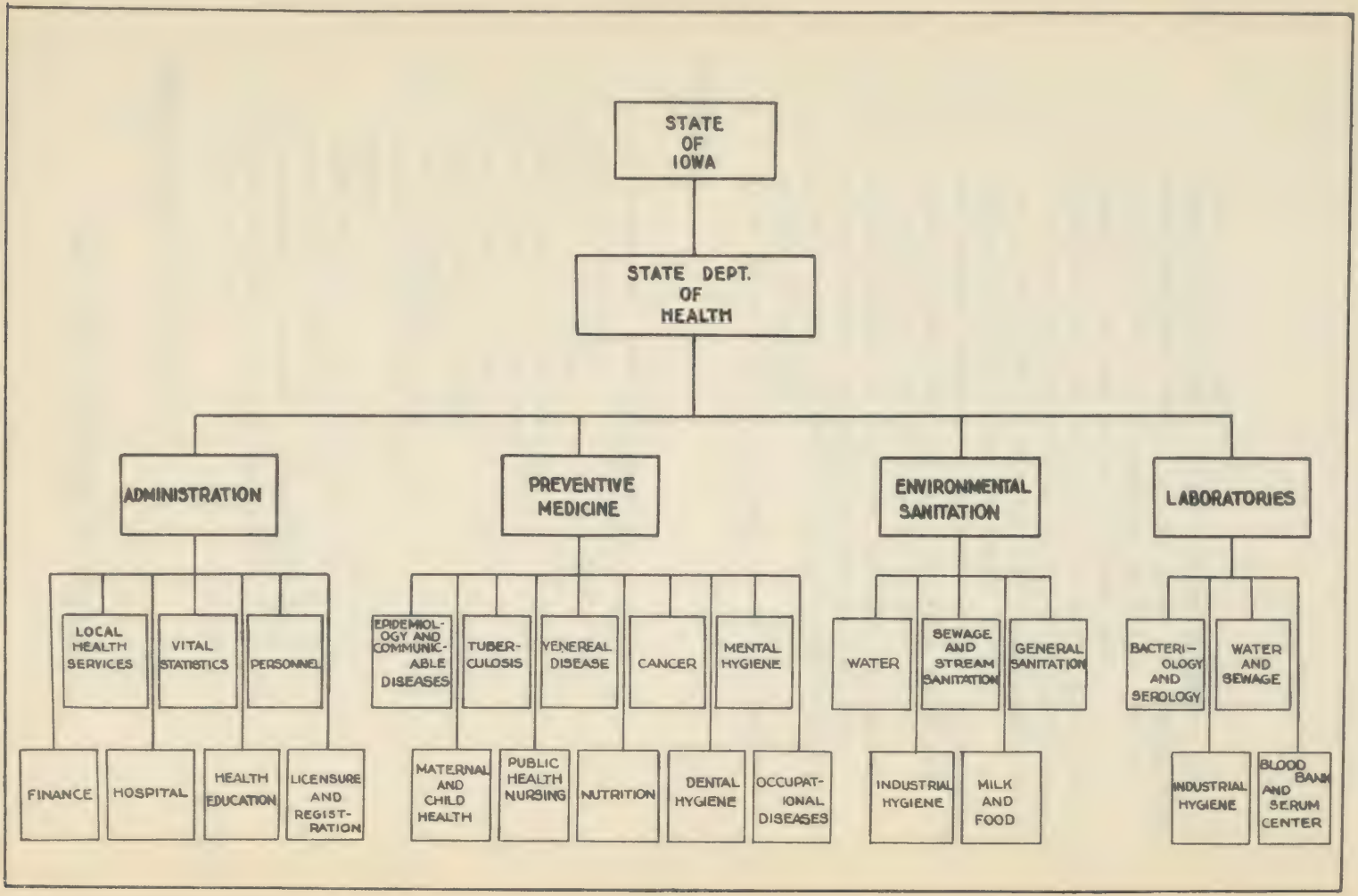
Functions

A. Acts in an advisory capacity to all local boards of health.
B. Promotes and conducts programs for education of the people in hygiene and sanitation.
C. Makes investigations and surveys in respect to cause of disease and epidemics.
D. Makes inspections of public water supplies and sewage systems, directs methods of installation and operation of these units.
E. Exercises general supervision over administration and enforcement of Vital Statistics law.
F. Enforces the law relative to the " Practice of Certain Professions & Institutions".
G. Keeps informed of changes in public health practices and needs for service and helps make provision for use. Gives local guidance for instituting changes.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BLOOD BANK AND SERUM CENTER

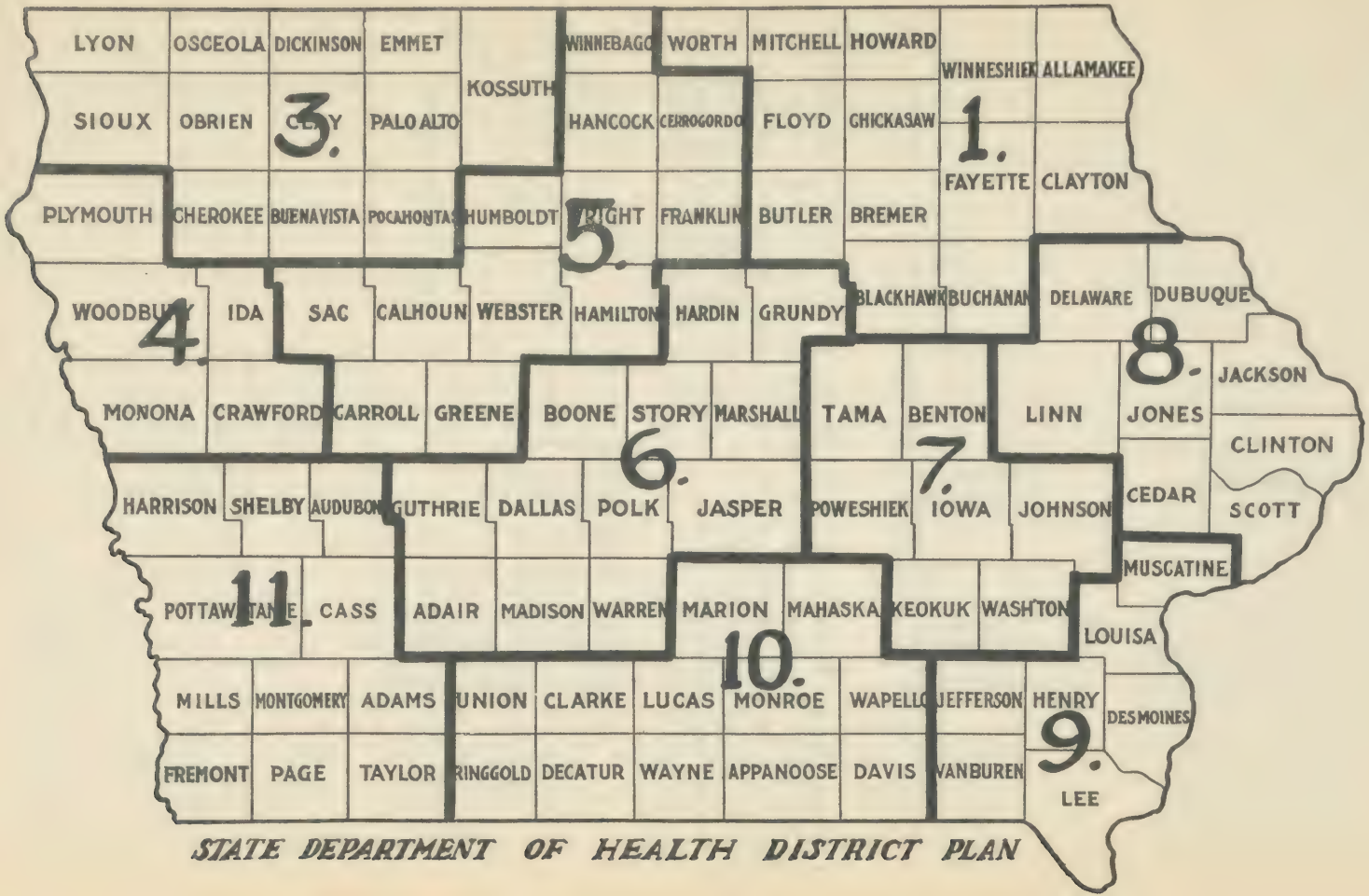
Location of Health Department Offices

Central Office	Des Moines	Telephone	_____
District No. 1	Decorah	"	_____
District No. 2		"	_____
District No. 3	Spencer	"	_____
District No. 4	Sioux City	"	_____
District No. 5	Fort Dodge	"	_____
District No. 6	Des Moines	"	_____
District No. 7	Washington	"	_____
District No. 8	Manchester	"	_____
District No. 9	Burlington	"	_____
District No. 10	Centerville	"	_____
District No. 11	Council Bluffs	"	_____

The District Health Office is a branch of the State Department of Health. These districts were created for the purpose of bringing the resources and facilities of the Health Department closer to the citizens of Iowa. Each district office, when fully staffed, has a medical director, a public health engineer, a public health nurse supervisor and sufficient clerical staff.

Besides the above mentioned personnel there should be the qualified public health staff nurse. The number of nurses is determined by the area and population served by the unit. The goal is to serve human beings effectively in helping improve health, avoid sickness, and deal adequately with the illnesses and accidents which befall them.

The map of Iowa on the next page shows the counties included in each district.



STATE DEPARTMENT OF HEALTH DISTRICT PLAN

PART II

PUBLIC HEALTH NURSING

A. Defined

"Public Health Nursing is an organized community resource for furthering public health measures designed to prevent and reduce sickness and to produce positive health. These measures include environmental planning for health and safety; opportunities for gaining knowledge and attitudes favorable to maintenance of health; facilities for diagnosis and for preventive and restorative treatment. The contribution of the public health nurse is essentially educational, whether her service is given in the form of nursing care to the sick or health guidance and instruction to the sick and well; whether she works in home, health center, clinic, school, or industrial plant; whether she is employed by a governmental or voluntary, health or non-health agency. Her services are available to all groups in all economic and social circumstances--to those who can afford to pay full or partial fees as well as those who cannot." *

B. Functions applicable to all phases of a generalized public health nursing services are:

1. Studying health needs in relation to the physical and mental condition of the individual, his family situation, and his environment.
2. Encouraging and helping to secure continuous health supervision.
3. Bringing people not receiving medical and dental supervision or care when needed into touch with available resources.
4. Helping the individual plan his daily life in a way to enable him to make the most of all health services at his disposal.
5. Giving or arranging for nursing care in the home when needed for all age groups and health conditions.
6. Teaching others to give this care--relatives, non-nurse helpers, midwives--under professional nursing supervision.

*Approved by Committee on Nursing Administration of N.O.P.H.N.--January, 1942 Public Health Nursing Journal, Page 24.

7. Aiding in the development of community resources for health education and for prevention and treatment of illness by contributing to general knowledge of needs and by sharing in community planning and action.

C. Responsibilities

Director

1. To the Commissioner of Health for--
   (a) Guiding the development of public health nursing activities.
   (b) Interpreting the needs of nursing to the administrative heads.
   (c) Making reports of accomplishments in the public health nursing services.
   (d) Participating with other divisions of the State Department of Health in developing the over-all public health program.
2. To the nurses for:
   (a) Giving advisory service to all public health nurses on the state staff.
   (b) Offering guidance to local health agencies, such as visiting nurse services, school nurses, industrial nursing services, etc., upon request.
   (c) Arranging for continuous in-service training of all nurses.
   (d) Encouraging and participating in public health nursing projects.
   (e) Correlating and supervising activities of the public health nurse consultants and district public health supervisors.
   (f) Issuing a roster of public health nurses employed in Iowa.
3. To the community for:
   (a) Assisting in placement of qualified public health nurses.
   (b) Participating in community planning of public health nursing services.
   (c) Maintaining relationships with other state agencies.
   (d) Assisting in development of programs to meet special needs.
4. To the entire field of nursing:
   (a) Keeping informed of the trends in nursing.
   (b) Participating in the affairs of local, state and national organizations.

Consultant Public Health Nurses

A. The following consultant nursing services are available:
   1. Tuberculosis control.
   2. Venereal disease control.
   3. Maternal and child health.
   4. Dental health.
   5. Crippled children.

B. Is responsible to the Director of the Division of her specialty and the Director of the Division of Public Health Nursing.

C. Requests for consultant service are to be made through District Public Health Nurse Supervisor, so that a well correlated nursing program is maintained.

D. Offers guidance and disseminates information in the area of her speciality to all public health nurses.

District Public Health Nurse Supervisor

A. Is responsible to the medical director of the district for carrying out administrative policies related to nursing service and participating in program planning and direction in the district and community public health services.

B. Is responsible to the Division of Public Health Nursing of the State Department of Health for giving supervision to county public health nurses and guidance to all nurses in her district, regarding the details of public health nursing procedure, and techniques of public health nursing practice.

C. Is responsible to the people of her district for providing that public health nursing leadership which assists all workers in the area in keeping abreast of the best accepted public health nursing service.

County Public Health Nurse

A. Responsible to:
   1. Employing body, which is the county board of supervisors or administrative officer of the authorized board of health.

3. Medical director of the district for approval regarding the public health activities in her county, accepting his decision on the application of the state regulations in the county program for public health.
4. District public health nurse supervisor for accepting guidance and interpretation on what constitutes the most desirable nursing plans and procedures in carrying out approved activities.
5. The local county medical society and the individual physician for guidance in carrying a program which meets the health needs of the county.
   (a) Every public health nurse should have standing medical orders to use as a guide when no physician is in attendance, or to meet an emergency and when the family physician cannot be contacted. It is to be remembered that ALL STANDING ORDERS ARE SUPERSEDED BY ORDER OF THE FAMILY PHYSICIAN. (Secure guide for suggested medical orders from Public Health Nursing Division, State Department of Health.)
   (b) Where physician is known he should be contacted before service to family is given.

B. Guides for Program Planning:

1. Seek the help of interested persons in organizing an advisory group that will assist in program planning.
2. Make a survey of the county's resources and facilities.
3. Learn the county health history including epidemics of the past, carriers, health hazards, and unusual sanitation problems.
4. Solicit the assistance of District and State Health Department personnel.
5. Use Iowa State and N.O.P.H.N. Public Health Nursing Manual and Supplementary materials.
6. Inform the employing body of public health nurse's activity through regular reports.
7. Utilize the opportunities for health education through class instruction, newspaper and radio publicity, and talks to community groups.

C. Evaluation of a Public Health Nursing Program

1. Periodic resume of needs in the community.
   (a) As presented by committee or other citizens.
   (b) As observed by nurse.
   (c) As found in surveys.
   (d) As revealed through statistics.
2. Review the records of cases carried, periodically.
   (a) Records should be complete and accurate.
   (b) A record should be made on each new family contacted. This includes the office visit.
   (c) Records should be filed in cabinets that can be locked, since their contents are confidential. (See regulations for filing public health nursing records.)
3. Study Monthly and Annual Reports.
   (a) Note distribution of nursing service. A generalized program includes all age groups and all diseases.
   (b) Compare monthly reports with the plan that has been proposed, considering the changing needs.
4. Note the growth and interest of the Public Health Council.
   (a) Stimulate their thinking by having regular meetings.
   (b) Meetings should be more than a statistical account of the Public Health Nurse's activity.
   (c) All community groups should be represented. (See the proposed By-laws of Public Health Council.)

PART III

PERSONNEL POLICIES IN ACCORDANCE WITH MERIT SYSTEM REGULATIONS

The following personnel policies and recommendations apply to all public health nurses who are employed in agencies that are subsidized by State funds. Unless the word " recommended" is used, the item is a statement of agency policy.

These policies, when applicable, may serve as a guide for other public health nurses employed by private agencies.

A. Hours of Duty:

1. Public health nurses in Iowa are expected to spend a total of forty-four hours a week on duty. This usually involves a working day from 8:00 A.M. to 5:00 P. M. with one hour off for lunch, and 8:00 A.M. to 12:00 noon on Saturday. Hours to conform to the policies of the employing body.
2. If Saturday afternoon work is necessary occasionally to meet certain needs, the regular half day may be taken some other day during the week. One and one-half days a week are considered the average allowance for off-duty time for each nurse. If there is an occasion to work Sunday hours, this may be made up during the week.
3. Excepting in those areas providing home maternity nursing service, nurses are not expected to do night duty excepting for the occasional participation in meetings of community groups for the purpose of interpreting public health programs.

B. Uniforms:

1. The uniform shall consist of the following: Navy blue shirtwaist style uniform having either short or long sleeves, soft white collar optional, medium size pearl buttons used on the front of the blouse or concealed zipper. (Concealed zipper may be used to close front.) Plain walking shoes of brown, black, blue or white if desired and plain untrimmed dark coat and tailored hat, completes the uniform.
2. Summer uniforms - plain or narrow striped uniform of cotton, tailored.

C. Holidays:

1. Allowed are those observed by the county in which the nurse works, and are generally New Years, Washington's Birthday, Memorial Day, July 4th, Labor Day, Armistice Day, Thanksgiving and Christmas.

D. Leave Applications and Notices:

1. All applications for leave will be submitted to and approved by the Division Director. County public health nurses must clear with local employing board also. (For county and district personnel this means the District Director)

2. Employees who are unable to appear for work because of illness, or other reasons, should notify the Division Director of such inability as soon as possible.

E. Annual Leave or Vacations:

1. Six working days leave with pay will be allowed to permanent employees at the termination of the first year of their service and twelve working days allowed for each subsequent year thereafter. Saturday will be considered a full day.

2. No vacation leave will be granted any employee until after the first year of service has been completed. Thereafter unearned vacation leave may be authorized in advance with the approval of the Commissioner upon the basis that in the event of separation, any unearned vacation leave so granted to any employee will be deducted from his final payment of salary.

3. Vacation leave will not accrue from year to year, and all earned leave must be taken not later than the end of the twelve month period beginning after the completion of the service year of any employee. Annual leave shall be granted by the Division Director at such time or times as will least interfere with the efficient operation of the agency.

4. Annual leave, with pay, shall not be granted to emergency, hourly, or per diem employees.

5. The entered on duty date to be used in computing the service year for any employee shall mean that day on which the employee entered into continuous service.

6. Saturday is to be included as a full day during vacation but Sunday and official holidays will not be included.

F. Sick Leave:

1. Leave of absence for thirty days per year is granted to probationary and permanent, provisional and temporary employees on account of sickness or injury, accumulative for three successive years with pay at the discretion of the Commissioner.

2. Holidays and Sundays which enter in such period of absence will be counted. Saturday is to be counted as a full day. When sick leave is taken in the excess of seven consecutive days, a doctor's certificate must be furnished in support of such absences.

3. Sick leave, with pay, shall not be granted to emergency, hourly, or per diem employees.

G. Military Leave:

1. A permanent or probationary employee who is a member of the National Guards, Organized Reserves or any component part of the military, naval or air forces or nurses corps of this State or Nation, or who are or may be otherwise inducted into the military service of this state or of the United States, shall, when ordered by proper authority to active service, be entitled to leave of absence from such civil employment for the period of such active service, without loss of status or efficiency rating, and without loss of pay during the first thirty days of such leave of absence, the remainder of which will be leave without pay.

2. An employee shall be required to submit an order or statement in writing from the appropriate military officer as evidence of such duty for which military leave with pay is granted.

3. Application for reinstatement is to be made within 90 days of the termination of military leave.

4. Returning service men and women may be reinstated at a salary at least equivalent to present employees who were employed a length of time equivalent to that the verteran spent in the employment of the State Department and in military service.

H. Leave of Absence With Pay:

1. Permanent or probationary employee may have a leave of absence for special training with pay in accordance with that allowed in accordance with the regulations set by the U.S.P.H.S.and U.S.Children's Bureau for the use of the funds allotted by them for this purpose.

I. Leave of Absence Without Pay:

1. A permanent or probationary employee, upon application in writing to and upon written approval by the Commissioner, may obtain a continuous leave of absence without pay which shall not exceed six months. At the expiration of such leave, the employee shall be reinstated in the service without loss of any of his rights, unless the position is no longer available due to a budgetary reduction in staff. Failure on the part of an employee to report promptly at the expiration of the leave of absence, except for satisfactory reasons submitted in advance, shall be cause for dismissal. Leave of absence without pay, however, will not be granted until after all of such employee's accumulated annual leave has been exhausted, and, if leave of absence without pay is granted on account of sickness, until all of his accumulated sick leave has also been exhausted.

2. Extensions of six month periods may be made on the approval of the Commissioner.

J. Court and Jury Leave:

1. An employee required to attend court will be granted leave with pay to act as a witness or for jury duty. Per diem fees for jury or witness service in an official capacity will be waived by the employee.

2. Leave of absence not to exceed seven days in any one calendar year may be granted to probationary and permanent, provisional and temporary employees with pay, at the discretion of the Commissioner when such absences are caused by the critical illness or death of members of the employee's imediate family, such absences to be charged against the accrued sick leave of the employee.

3. Holidays and Sundays which enter in such period of absence will be counted and Saturday will be counted as a full day. For the purpose of this

sub-section the employee's immediate family will consist of husband or wife, parents, brothers and sisters, children, mother-in-law, father-in-law, guardian or those acting as a guardian and foster parents.

K. Attendance at Conferences:

1. All nurses are required to attend the meeting of the Iowa State Public Health Association, as well as all meetings called by the District Office. A small budget allowance has been made for each nurse to cover her expenses to these state meetings. Nurses are not expected to attend more than one additional State Meeting except in unusual circumstances, approved by the District Office.

L. Attendance at Out-of-State Meetings:

1. A limited number of nurses may attend out-of-state meetings providing this meets with the approval of the county employing board and the district office. There is no provision for expense allowance for these meetings.

M. Professional Organizations:

1. All nurses should participate in the activities of their official professional groups; the district, State and National nursing associations. Membership in the National Organization for Public Health Nursing, the State Organization for Public Health Nursing, and the Iowa State Public Health Association is recommended for those in full-time public health nursing positions.

N. Health Examinations:

1. It is recommended that every nurse practice her own public health teaching in regard to periodic medical examinations. All public health nurses should have a medical examination annually or as often as recommended by her physician. (The form for this examination may be obtained from the State Department of Health.)

O. Insurance:

1. Automobile: It is recommended for her own protection that the public health nurse should have public liability (recommended $10,000 and $20,000), collision and other comprehensive automobile insurance coverage.

2. Sickness and Accident: It is recommended that nurses carry some type of reliable sickness and accident insurance. In many instances nurses, through their alumnae associations or the district nursing association, obtain hospital service insurance, through a special plan.

P. Resignations:

1. Nurses are expected to present a written notice of resignation thirty days prior to leaving a position.

PART IV

Records

A. Definition: A record is a writing or entry made for the purpose of preserving memory or authentic evidence of facts or events.

B. Purposes: (From N.O.P.H.N. Manual)

1. To provide an account of services given by the agency to the individual or family.
2. To improve the quality of service rendered.
3. To assist the physician in making a diagnosis and determining treatment.

Report

C. Definition: A report is a pertinent account of work accomplished. It usually consists of two parts: (a) statistical and (b) narrative.

D. Purposes of reports:

1. To indicate periodically the volume and types of service rendered.
2. To serve as a guide in planning the work of the agency.
3. To interpret the work to the public and to other interested agencies.
4. To aid in studying the health conditions of the community.

In the official county nursing services in Iowa, the following record and report forms are recommended:

E. Recommended Reports:

1. Daily work sheet (102 PHN)

   This is used (a) to carry at the beginning of a work day the plans and list of persons the nurse expects to visit; (b) at the end of the day to show a complete list of not only what she had planned to do, but actually what was done as well.

2. Call Sheet (114 PHN)

   This is used instead of a memorandum pad for handling calls referred to the nurse while in the field. One call sheet should be used in each of the nursing districts in the county.

3. Combined Family Face Sheet and Case Record Form (110 PHN)

   The back of the family face sheet is used to record visits to individual members of the household.

4. School Hygiene (52 PHN)

5. TB Form 15; TB Form 3; TB Form 3A

   These forms are used in counties that are carrying the case finding program. (See abbreviated T.B. Manual)

6. Monthly Report (109 PHN)

   This report is compiled according to policies established in individual agencies. In most instances a report is compiled by each nurse in one-nurse services and by the director of the staff where a larger staff is employed. In district or county health units all public health nurses are required to send monthly reports to the district office.

7. Tentative Itinerary (calendar)

   This is used to outline the nurse's tentative itinerary on a monthly basis.

PART V

The Home Visit

The nurse approaches the patient as a friend and teacher, while at the same time conducting the visit in an organized and professional manner. The nurse introduces herself by name, the service she represents, and reason for her visit. These are the usual rules of courtesy observed when visiting in a home. The following may serve as a guide but should be adapted to the patient or home.

A. Procedure of Visit: When care is indicated, whether taking temperature only or giving bedside care, the following procedure is recommended.

1. Place newspaper over seat and back of chair, if indicated. Place bag and remove coat and hat. Put the coat folded right side out on back of chair; place hat on seat of chair, top down.
2. Cover table with newspaper and place bag at one end. Roll up sleeves, open bag and remove paper napkin, paper towels, soap, and newspaper bag for waste. Place these articles on the paper towel or napkin near sink or the basin of water. Use running water if possible; otherwise use the pour method of handwashing.
3. Wash hands thoroughly and dry. Put on apron, leaving case in bag. (The apron should be worn when carrying out a nursing procedure.) Take out all articles required for the visit and place on paper. (If it is necessary later to obtain other equipment from the bag, wash hands again.) While arranging articles, continue visit.
4. Instruct family in care of the patient and assist the family in arranging for the patient's care between nursing visits.
5. Give nursing care or any special treatments as ordered. Leave a note for the physician if indicated, or later telephone him regarding findings.
6. After care is completed, wash hands thoroughly, replace articles in bag, and dispose of all waste.

Note: The N.O.P.H.N. Manual has been used freely in preparing these procedures.

B. Content of County Public Health Nurse's Bag:

Tongue Depressors) in paper
Applicators) or muslin
Cotton(roll)) bag

1 Funnel) in paper
1 Rectal tube) or muslin
1 Glass connecting tube) bag

1 Mouth thermometer - in black case
1 Rectal thermometer - in colored case
1 Pair-baby scales
1 Scissors
1 Hemostat
Alcohol
Soap (liquid green soap or cake)
1 Cloth apron in muslin or paper envelope
1 Paper apron in paper envelope
Paper Towels
Paper Napkins
Sterile dressings (small)
Hand lotion (optional)
Sterilizing basin with cover

C. Procedure for care of the bag and equipment.

1. The bag is not to be placed on the floor at any time, either in car, home or office. (To keep the bottom of the bag clean.) When used in the home, the bag is placed on a newspaper--the purpose being to protect the furniture in the home from contact with the bag, and the bag from contact with the furniture.
2. The inside of the bag is considered a clean area.
3. The county public health nurse is responsible for keeping bag linings clean.
4. Muslin aprons should be changed according to need. Arrangements should be made with the laundry regarding the proper handling of linens which have been contaminated by communicable disease.
5. All articles which are to be used during the visit are to be removed from the bag and put upon a clean surface. (A paper towel).
6. Those used in giving care are cleansed or sterilized as follows:

    a. All boilable articles are to be washed in soapsuds, rinsed and boiled for five minutes. Instruments should be dried after boiling and oiled as indicated.

b. Rubber goods should be washed, put in boiling water, boiled for three minutes and dried.

7. Bottles should be neatly and clearly labeled.

D. Thermometer Technique:

1. The temperature is taken by mouth except in the following instances, when it should be taken by rectum:
   a. Babies and children under six years.
   b. Unconscious and irrational patients.
   c. Very ill and toxic patients.
   d. Patients who have diseases of the mouth.
   e. Patients who have difficulty in breathing and cannot keep the mouth closed.

2. To take mouth temperature:
   a. Rinse the thermometer in cold water.
   b. Keep the thermometer in mouth at least three minutes.
   c. Remove, wipe with dry cotton and read.
   d. Cleanse well with moistened well soaped cotton pledget, using rotary downward motion (bulb end down).
   e. Wipe thermometer with pledgets moistened with water.
   f. Wrap thermometer in moistened alcohol pledget.
   g. Return thermometer to case.

3. To take rectal temperature:
   a. Lubricate the thermometer with vaseline, oil or soap.
   b. Insert thermometer in rectum for 3 - 5 minutes.
   c. Always hold thermometer in place when taking a rectal temperature.
   d. Remove, wipe with dry cotton and read.
   e. Cleanse well with moistened well soaped cotton pledget, using rotary downward motion (bulb end down).
   f. Wipe thermometer with pledgets moistened with water.
   g. Wrap thermometer in alcohol moistened pledget.
   h. Return thermometer to case.

E. The Interview:

1. Privacy is essential for a satisfactory interview with individual or family. Endeavor to have the patient and family at ease.
2. Direct the conversation into channels whereby a certain amount of information may be secured without direct questions. When questions are necessary, be careful that they are not repeated, unless there is a definite reason for doing so.
3. Observe the family's and patient's mental attitudes. Promote healthful mental attitudes at every opportunity.
4. Encourage the patient to assume responsibility for the promotion and maintenance of health for himself and his family.
5. Visits should not be continued beyond the point of interest of the patient. The nurse will do well to remember to be a good listener.
6. It should be remembered that several visits may be necessary to accomplish objective.
7. An evaluation of each home visit will help to improve the content of the next home visit.

F. Recording the Visit:

The nurse's record, in order to serve its true purpose, should give all pertinent information in regard to the patient's physical, emotional, social, and economic status. Besides obtaining the facts on the medical history, symptoms, treatment, and other items pertaining to each type of service, information contained in the remarks is of utmost importance for successful follow-up. Anyone making subsequent visits on a patient should be able to obtain from the record the information needed for proceeding with the visit without a repetition of questions. The following items are suggested:

1. The particular problem stated.
2. Suggestions given to the patient.
3. Services rendered.
4. Results of the interview.
5. Attitudes of the patient and family.
6. Plans for future visits.

All statements should be brief and concise.

Factual data should be recorded at the earliest possible moment following the visit, if not done in the home. This may be done either in the home, nurse's car, or in her office.

PART VI

Communicable Disease Nursing

Methods of Control

The Staff of the Iowa State Health Department acts in an advisory and consultant capacity in the control of communicable disease; the minimum regulations enforced shall be those recommended by the Department.* The Public Health Nurse will find it necessary to become familar with the Rules and Regulations.

A. Reporting of Disease:

The Iowa Regulations make it every citizen's duty to report known cases of communicable disease to the local health officer, who may be the county health or city health officer. He in turn should report information concerning all known cases suspected cases, contacts, and carriers to the Iowa Health Department. The Public Health Nurse should have a list of all the names of the local health officers in her area. Where no health officer is appointed, nurse may approach chairman of Board of Health.

B. Prevention of Spread of Disease in Community

1. Assist with isolation of known and suspected cases
2. Assist with immunization of the exposed individuals if an immunizing agent is available.
3. Assist with education of the community about communicable disease.

C. Prevention of Spread of Disease in the Home

1. The comfort of the patient and the prevention of complications are the most important points to be considered in the care of the patients with communicable diseases. Bedside care is given as for for any other case. Isolation and disinfection are to be carried out when possible and practicable. Many persons in the household are exposed before the diagnosis is made. The nurse's year-round instruction should include precautions and isolation of persons with symptoms of respiratory infection.

*See Rules and Regulations of the Iowa State Department of Health.

2. The nurse's technique changes with each home situation. She follows the physician's orders, but in his absence, and on the first visit, she will use an accepted isolation technique.**
In general, it should include the care of the patient, the prevention of spread of disease to the family, and to the community.

   a. Her hat, coat, and bag should not be taken into the patient's room.

   b. Only those supplies in the bag which can be sterilized should be taken into the patient's room.

   c. A cover-all gown should be worn when caring for patients with scarlet fever, diphtheria, small pox, tuberculosis, typhoid fever, and dysentery. Either gown or apron should be kept in the patient's home between visits. Fold gown with contaminated side in. Place in paper container between visits. A paper gown is convenient and easily disposed of at the end of the case.

   d. Care of the hands: A thorough washing of the hands is necessary after giving care to the patient and again before replacing articles in the bag. A thick soap lather should be used with friction, with special care to the finger nails.

   e. Equipment necessary:

      The usual bag and thermometer techniques are used as for non-communicable disease visits.

      (1) Paper bag for patient's nose and throat wipes.

      (2) Covered pan for boiling patient's dishes. (Leave this on kitchen stove with water in it.)

      (3) Covered boiler, tub, or a laundry bag for patient's linen. (Placed near door of the patient's room.)

      (4) Table with basin, pitcher of water, soap and paper towels, just inside the door, for the nurse or attendant to wash hands. (Omitted if running water is suitably located.)

**For nursing care and technique, see N.O P H N. Manual of Public Health Nursing.

D. The Family's Responsibility:

1. Concurrent disinfection. The nurse instructs the family regarding its responsibility in adhering to quarantine regulations, the immunization of contacts and their removal from the home, restrictions of the wage earners, the sale of milk, and the use of library books. City or county health officers will give specific directions. (The best adaptations the nurse can make of the following items.)

   a. Select a room with light and sunshine.

   b. Remove rugs, drapery, and unnecessary furniture.

   c. A separate bed should be used for each patient. (When two or more children are ill at one time.)

   d. All children including those who have had the disease should stay out of the sick room.

   e. Only one person should be responsible for the care of the patient during the day and another at night, and each should be relieved of other duties where possible.

   f. A gown worn by the attendant in the sick room should be removed before leaving.

   g Hands and forearms should be washed thoroughly with thick soap lather after touching the patient and his belongings and before touching anything outside the sick room

   h. Ordinary washing and drying will kill all germs on linen.

   i. Dishes should be scraped, washed, and boiled after use. All refuse should be burned in cases of scarlet fever, diphtheria, tuberculosis, typhoid fever, and dysentery.

   j. Disinfect all discharges. Teach patient to use paper handkerchiefs for nasal discharges. They should be placed in a paper bag and burned. In case of typhoid fever or dysentery, bowel and bladder discharges should be disinfected before disposal, by immersion for one hour in one of the following solutions:

      (1) Solution A: Add one pound of chloride of lime to four gallons of water; to be prepared fresh every day.

(2) Solution B: Add one pint of compound cresol solution (Liquor Cresolus Compositus, U.S.P.) to six gallons of water. The excreta should be covered, thoroughly mixed in the solution in a quantity double the volume of the excreta and kept in a covered container away from children.

E. Immunizations:

1. Policies: Immunization programs in Iowa are developed through various channels; however, the policy of procedure must be agreed upon by the local county medical society.

2. Publicity: An educational program is essential in acquainting the people with the importance of immunization and in giving them all the details which will prevent fear and antagonism. Literature may be distributed to school children and in the homes. Newspaper articles will reach others not visited and talks to groups will do much to prevent misunderstanding.

PART VII

Venereal Disease Nursing

The venereal diseases include syphilis, gonorrhea, chancroid, granuloma, inguinale, and lymphogranuloma venereum. Syphilis and gonorrhea are the most prevalent and constitute the major public health problem in venereal disease control. Today for every 100 cases reported of malaria, diphtheria, pneumonia, tuberculosis, and infantile paralysis combined, there are nearly 200 cases reported of syphilis and gonorrhea.

A. Public Health Objectives:

1. Render the patient non-infectious as quickly as possible.
2. Provide each patient with an adequate amount of treatment that will protect him from the late damaging effects of the disease.
3. Factors necessary to meet objectives:
   (a) Adequate diagnostic facilities for all persons to determine whether or not infection exists.
   (b) Facilities for adequate treatment of all patients who cannot or will not secure the services of a private physician. To care for the indigent meets only a part of the problem from a public health viewpoint.
   (c) Provide for patient education through the use of interpretive interview for the purpose of getting the patient to assume his responsibilities toward himself and his associates.

B. The Public Health Nurse In The Venereal Disease Program:

The nurse carrying any or all phases of public health nursing service should integrate the venereal disease control program into her family health service. Many opportunities exist for correlating this program with other health services.

1. Prerequisites:
   (a) A knowledge of the medical aspects of these diseases.
   (b) Every public health nurse should possess a broad understanding of social forces and of human behavior together with the following qualifications:

(1) The ability to approach patients with understanding.
(2) Genuine interest in the patient and his problems.
(3) A knowledge of the principles of teaching.
(4) An ability to develop satisfactory working relationships with community agencies.

2. Functions:
   (a) Casefinding, through:
      (1) Recognition of signs and symptoms of venereal disease in whatever public health nursing service she may be engaged.
      (2) Awareness of pertinent facts in history taking which might be indicative of venereal disease infection.
      (3) Encouragement of all pregnant women to have a serologic test and cervical smear in conjunction with a complete physical examination early in pregnancy.
      (4) Careful interviewing of diagnosed cases of infectious syphilis for contact investigation.
      (5) Follow-up of sexual contacts elicited from known infectious syphilis patients to secure medical examination and treatment if indicated.
      (6) Securing medical examination of members of the household who are considered contacts.
   (b) Facilities available for diagnostic, treatment and post-treatment observation:
      (1) Rapid Treatment Centers - See list.
      (2) Venereal Disease Clinics - See list.
      (3) Private physicians - Drugs furnished on reported cases upon request of physician.
      (4) Serology tests made free of charge on specimens sent to State Hygenic Laboratory, Iowa City, Iowa.

(c) Health Teaching:

(1) To persons infected with venereal disease and those suspected of having a venereal disease to interpret:

(a) The specific aspects of infection.

(b) The need for treatment.

(c) The part patients may play in the control of venereal diseases by being enlightened persons.

(2) To the general public:

(a) To give information to persons relative to the venereal diseases, prevalence and treatment facilities.

(b) To teach the importance of a blood test as a part of a periodic and complete medical examination.

(c) To stimulate interest in the venereal diseases so that the public may understand the problems and needs, thus motivating them to participate in the control program.

C. Laws and Regulations:

It is important to be familiar with public health laws and regulations governing, reporting and treating of infected persons. These laws include:

1. Reporting cases - Promptly after the first examination or treatment of any person with syphilis, gonorrhea or other venereal disease, the attending physician should mail to the State Department of Health a report giving initials or name and date of birth of the patient, age, sex, color, martial condition, occupation, name of the disease, probable source of infection and duration of the disease. See Health Laws, Opinions and Court Decisions compiled by Iowa State Department of Health - Page 25.

2. Premarital Law - A certificate signed by an authorized physician dated within twenty days of application stating that the applicant is free from syphilis or if infected the disease is not communicable or likely to become communicable. A physical examination and standard serology tests made, must be presented to the clerk of courts at time of application for a license to marry. The serology tests must be made in a laboratory approved by the State Health Department. See the Iowa Premartial Law Senate File 2, Acts of the 49th General Assembly Approved April 5, 1941.

3. Prenatal Law - Every physician attending a pregnant woman is required to take blood of each woman within fourteen days of the first examination and submit such sample for standard serological tests for syphilis to the state bacteriological laboratory of the State University of Iowa or other laboratory approved by the State Health Department. The results of all laboratory tests shall be reported on standard forms prescribed by the Commissioner of Public Health--See Health Laws, Opinions and Court Decisions compiled by Iowa State Department of Health - Page 24.

4. Control of gonorrheal ophthalmia neonatorum-Crede treatment for the eyes of the newborn.

   Quarantine should be used only after all persuasive attempts have failed. Consider whether the patient understands what disease he has, and the need for treatment for protection of himself and of others; the facilities available and how he can make use of these and if there are obstacles which may prevent his accepting or securing treatment. Injudicious use of legal and quarantine measures often defeat the venereal disease control program by frightening patients or potential patients away from diagnosis and treatment sources. Public Health Nurses should not be utilized in enforcing legal measures.

PART VIII

Tuberculosis Nursing

Tuberculosis is one of the major communicable disease problems because of the long drawn out treatment which is usually involved.

Prevention, which involves examinations and x-rays for contacts of known cases, care and assistance to help hospitalize known cases, rehabilitation after treatment, should be the concern of every nurse doing public health work in whatever capacity.

Since tuberculosis cannot be separated from other health needs, the public health nurse needs to be on the alert for the possibility of tuberculosis during every family visit.

A. Procedures for a Diagnosed Case:

1. When a patient is to be admitted to the sanatorium, but a bed is not available, the nurse in the meantime may:

   (a) Assist the private physician by carrying out his instructions for care of patient.

   (b) Know the "Application for Free Treatment" Form T1 and T2. Following the physician's diagnosis, and hospitalization is recommended, application is made through the certified official director as designated by the Board of Supervisors. This may be:
   County Director of Social Welfare,
   or
   Overseer of the Poor

   (c) The nurse may be of assistance by directing the family to the proper authorities.

   Note: In counties maintaining a separate public tuberculosis hospital, the application is made to the board of hospital trustees.

   (d) The certifying agent completes Forms T1 in duplicate and T2 in quadruplicate. At the bottom of each certificate the disposition of form is indicated.

Rules and Regulations - State Department of Health - regarding Hospitalization.

"The certifying agent is to consider expenditures of public funds for treatment of tuberculosis as expenditures for the protection of the public health and not as monies advanced in the nature of welfare or relief. The segregation of tuberculosis patients is a means of preventing the spread of infection to others."

2. Who May Apply?

"Any legal resident of Iowa suffering from tuberculosis agreeing to remain under treatment until discharged by the sanatorium as no longer having tuberculosis in a communicable stage, may apply for a free treatment certificate. Any person actually residing in the State of Iowa with a bona fide intent to remain in the State of Iowa is to be considered a legal resident of Iowa for the purpose of administration of this law. Applicants are not limited to those who have acquired legal settlement in a county of this State."

3. Post-Sanatorium Treatment:

"Necessary post-sanatorium treatment, including check-up examinations and pneumothrax refills as prescribed by the sanatorium medical staff shall be within the scope of free treatment furnished under the law."

B. Procedures for Contacts:

1. Public health nursing procedures to be brought into action as recommended by the physician for all contacts as soon as a case has been diagnosed are as follows:

   (a) Assisting the private physician by urging complete physicial examinations of entire household.
   (b) Assisting in providing tuberculin test and x-rays.
   (c) Repeating the test in six months, if negative. Age of household members will govern the frequency of x-rays.

(d) Instructing an adult member of the family about the signs and symptoms of the disease. This is a precautionary measure.

(e) Obtaining names of those living outside the household who have been close or frequent contacts and urge x-ray and physical examination by their private physician. If a contact case-finding program is scheduled within six weeks, the above may have x-rays at the request of the private physician. Otherwise, make arrangements for x-rays through the county tuberculosis association if unable to finance.

(f) Discussing the importance of nutrition as a factor in health building, including the value of good nutrition for all age groups. Body metabolism is usually upset due to toxemia of tuberculosis. There is a loss of protein through sputum and pleural fluid. For patients on complete bed rest, the muscle tone can be improved by using a high protein, high fat and low carbohydrate diet.

C. Nursing Supervision as Directed by Private Physician:

1. Public health nursing supervision of the tuberculosis patient should include teaching the importance of employing the same technique as for any other communicable disease with emphasis on:

(a) Teaching the patient to protect himself and others by:

(1) Covering nose and mouth with tissues when coughing and sneezing. (Inform patient of reasons for cough control and advise against swallowing sputum.)

(2) Keeping hands away from face.

(3) Disposing of tissues in bedside paper bag and burning it daily or oftener if necessary. (Metal holder with sputum cups must be boiled daily. Paper refills should be filled with sawdust or bits of newspaper. To aid in burning, the paper cup must be wrapped in several thicknesses of newspaper and burned in stove or incinerator.)

(4) Handwashing--for patient and nurse. This is one of the first means of preventing the spread of tuberculosis.

(5) Washing of dishes, as in any communicable disease.

(6) Caring for the patient's toilet articles. Bedding and patient's room - See Communicable Disease Technique, Public Health Nursing Manual.

(b) Preparing the patient for Sanatorium by:

(1) Ascertaining, if possible, Sanatorium rules and regulations in order to interpret to the patient and family that the medical and nursing staff aim to assist the patient in every way possible toward recovery.

(2) Informing him of visiting hours and limit as to time.

(3) Advising him what clothing and personal necessities to take.

(4) Informing him of laundry facilities available.

(5) Acquainting him with routine hospital procedures regarding rest periods, importance of diet, exercise, etc.

(c) Mental Hygiene:

(1) Because of the long term illness, the financial and other emotional hazards, it is particularly important that the public health nurse give attention to the mental phases of the tuberculosis problem.

(2) Trifling problems are frequently paramount to the family and should be given understanding attention. Major problems having to do with financial difficulties or the care of children during hospitalization should be directed to the attention of the local agencies available to help.

PART IX

Maternity Nursing

Maternity Nursing Service includes the care and guidance of the mother through pregnancy and delivery, and care of the mother and newborn during the postpartum period.

A. Objectives:

1. The conservation of the life and health of the mother and baby.
2. The satisfactory adjustment of the entire family and the assurance of the best opportunity for growth and development of the infant.

B. Functions of the Public Health Nurse:

1. Urge medical and dental supervision of the expectant mother early in her pregnancy.
2. Assist the family in planning and preparing for the delivery.
3. Teach, through demonstrations, and supervise care given by relatives and attendants.
4. Observe the physical and emotional health of all members of the family and assist them with management of problems when they arise.
   (a) Note general hygiene and nutrition of family.
   (b) Note the attitude of members of the family toward each other and toward the newborn or its anticipated arrival.
   (c) Note the attitude of the mother toward her present pregnancy, and other members of her family.
5. Stimulate community thinking about the need of maternal patients, so that adequate facilities may be had for all.
6. Analyze the maternal problem in the community.
   (a) Learn the number of maternal and newborn deaths and their causes.
   (b) Learn the number of premature births.
7. Group teaching for mothers where interest and need are indicated.

C. Antepartal Cases:

1. Sources of Referrals for Antepartal Cases:

In order to carry out an effective maternity program, the public health nurse's chief concern is to find persons in their early pregnancy. The following sources may be used:

(a) Private Physicians.
(b) Home visits for other health supervision.
(c) Interest friends, relatives or neighbors.
(d) Lay organizations such as the Public Health Council.
(e) Classes in motherhood.
(f) Patients themselves.
(g) Other agencies interested in health such as Welfare Agencies, Hospitals, etc.

2. Selection of Cases:

In the county where the area covered is large, the nurse will wish to be guided in her selection. First consideration should be given to the following persons:

(a) Women pregnant for the first time.
(b) Women pregnant six or more times.
(c) Women who have been pregnant before, but who have never given birth to a live child.
(d) Women who have had complications in previous pregnancies.
(e) Women under 20 years and over 35 years.
(f) Women with chronic illness such as heart disease, diabetes, tuberculosis, kidney disease, etc.
(g) Women who seem unable to plan for themselves because of economic or social reasons.

3. The Home Visit to Antepartum Persons:

The procedure of the antepartum visit is the same as for any other home visit. The interview should be directed so as to obtain the date of delivery, the type of delivery planned (home or hospital), past history of pregnancies, and other illnesses. The interview should be guided by the nurse but there is a need for the mother to talk freely to express her problems which are paramount in her mind.

The content of the visit will be determined by the stage of the pregnancy. The following are some of the important points to be stressed in the three trimesters of pregnancy:

(a) First Trimester:

(1) Importance of early and continuous medical care.
(2) Importance of a well balanced diet.
(3) The changes that occur in the mother's body and development of the fetus. This will help to allay any fears the mother may have and probably dispel "old wives tales" she may have heard.
(4) General feminine hygiene such as rest, exercise, recreation, etc. should be discussed.
(5) The mother should be encouraged to tell the discomforts she may be experiencing such as nausea, heartburn, etc. Abnormal symptoms such as edema, dizziness, headache, blurred vision, and vaginal bleeding should be mentioned, so that the mother will know these are warning signs of danger and her doctor should know about them at once.
(6) It is well to leave some prenatal literature with the mother and ask her to list questions, so that she can remember them for the nurse's next visit.

(b) Second Trimester:

(1) Importance of continuing regular medical care.
(2) Importance of a well balanced diet.
(3) Clothing for the mother; the danger of constricting clothing such as round garters should be mentioned.
(4) Discuss layette.
(5) Care of breasts.
(6) Importance of breast feeding, since it is a clean safe supply, is more convenient, economical, and the emotional needs of both mother and baby are more nearly met when the infant is breast fed.

(c) Third Trimester:

(1) During the last trimester, the mother should be prepared for technical procedures that are done routinely in the delivery room. Many nursing procedures, such as the enema, may be a frightening experience to someone who is apprehensive about her delivery. It is well to discuss feminine hygiene; intercourse should be discontinued and tub baths should not be taken after the seventh month for danger of vaginal infection.

(2) Beginning signs of labor should be discussed, when to call the doctor and how to intelligently report her progress of labor to him.

(3) Discuss the management of home and family during the mother's lying-in period. It is well to have everything prepared in advance; advise mother to have suitcase packed with supplies for herself and baby, so that her stay in the hospital will be more comfortable.

(4) Discuss the mechanisms of labor, so that the mother will not fear childbirth. Do not dwell on the unusual type of cases.

(5) If plans should happen to be for home delivery, then a suitable room and supplies should be discussed in detail.

D. Postpartal Cases:

(1) In communities where most deliveries occur in the hospitals the need for postpartum nursing visit is soon after the mother returns to her home. Hospital personnel should be informed about the public health nursing service, so that cases might be referred the day the mother and baby are discharged. Also, it may be feasible to have the mother mail a card to the public health nurse when she will be leaving the hospital, so an early home visit can be made.

(2) Since there are many methods used in the management of the postpartum patient, the public health nurse should know the practices of the mother's physician before visiting the home. The care of the breast is more important. Activity of the mother should be limited for some time, but she should not be made to feel that she will be an invalid because she has had a baby. The mother needs to be reminded that a postpartum examination should be done at the end of a six weeks period.

(3) If it is a home delivery, the public health nurse should supervise the attendant in perineal care, and other nursing procedures. The care of the newborn should also be observed and supervised.

PART X

Infant Nursing

Infant Nursing Service includes care and guidance from birth throughout the first year of life.

A. Objectives:

1. Regular medical supervision of all infants.
2. Prevention of communicable diseases to this age group.
3. Education of parents so that the child's environment will be most conducive toward optimum mental and physical growth of the child.

B. Case Finding:

1. Antepartum contacts.
2. Birth records.
3. Private physicians.
4. Other agency referrals.
5. Home visits for other reasons.

C. Case Selection:

1. Premature infants.
2. Infants with congenital defects.
3. Infants who are the first-born in the family.
4. Infants in families that have experienced an infant death due to a preventable cause.
5. Illegitimate infants.
6. Infants in families when service has been requested either by the parent or a social agency.

D. Home Visit:

1. The frequency of the home visits will be determined by condition of infant and the readiness of the parents to accept guidance. If there is no apparent problem in the home and the child is under regular supervision of a doctor and is developing normally, three visits a year probably would be sufficient--one visit soon after birth, one at six weeks to three months, and the other at one year of age.

2. Diet should always be discussed and it is to be remembered that the nurse should not prescribe formulas. The additions of new foods will also be done by the physicians. The nurse may suggest means by which these foods may be given so it will be easier for the baby to accept these new ideas and also be less work for the mother. Weight gain is an index as to whether the child is receiving sufficient food.

3. Breast feeding is always to be complimented. It is well to review with the mother the food she eats to learn if she is receiving the dietary essentials. Babies receive a great amount of emotional satisfaction from eating, so they should always be held and this should be a pleasant time for both parent and child.

4. The physical development of the child should be noted. An abnormality of movement, cry, or behavior should be pointed out to the parent and medical guidance should be urged. Parents need to be aware that the baby is an individual and that his rate of development is an individual matter. Not all babies develop at the same rate of speed.

5. Emotional needs should be observed. An infant needs security and it has this when it is loved by its family, and it is included in their thinking and planning. Both parents should spend a part of each day playing with the infant.

6. Prevention of communicable disease should be stressed. The family physician will determine when the course of treatment should start, but by the time the child is one year of age, he should have been immunized against whooping cough, smallpox, and diptheria. Many physicians are giving whooping cough immunizations as early as two months.

7. Literature is always helpful, but the parent should be shown what particularly pertains to his child. Literature given out indiscrimately is of little value.

8. The importance of good health in this age group should be stressed in all group meetings and classes.

9. Care of the premature infants is an important part of a public health nurse's work. Each county that has a nursing service has been provided with a portable incubator. These may be used in a home where there is electricity or heated by water bottles and used in transporting premature infants to the hospital.

10. The cardinal principles of premature care, i.e. warmth, proper feeding, minimum handling, and protection from infection, should be taught the attendant.

PART XI

Preschool Service

Preschool Nursing Service covers that age group from one to six years. Special attention may well be given to this age group because of their great susceptibility to communicable disease, and also because the parent needs assistance with the physical and psychological problems which are ever present during these formative years.

A. Objectives:

1. Regular medical and dental supervision.
2. Prevent communicable diseases and the resultant complications.
3. Help parent to be aware of the physical and emotional needs of the child.
4. Promote community interest, understanding, and action in providing parental education and such other activities or facilities that are needed for care and protection of every child.

B. Guides:

For effective supervision, the nurse needs scientific knowledge concerning the following phases of child care:

1. Physical care of a normal child.
2. Mental growth and development of the normal child, or beginning signs of deviations from normal growth and development.
3. Nutrition.
4. Children's diseases and their complications.
5. Early and regular dental supervision.

C. Casefinding:

The preschool service may be neglected if other phases of a generalized program, become more pressing; therefore, it is necessary that the nurse take advantage of every opportunity to serve the preschool group in her daily round of service. The following opportunities may be used:

1. Referral from private physician, or dentist.
2. Children seen in infant service.
3. Home visits in other phases of service.
4. Contacts with parents at group meetings or classes.
5. Committee members.
6. Other social agencies.
7. Neighbors.

D. Home Visit:

1. Frequency

Frequency of the nurse going into the home will be determined by the need of the child and the parents' readiness to accept guidance. In a home where the child is developing normally and is having regular medical and dental supervision, the nurse's visit may only be once or twice during the year. Nutrition and foods can always be discussed. The emotional factors related to food habits cannot be overlooked. Some times it is necessary to survey the food habits of all members of the family before any assistance can be given to improve the child's eating habits.

2. Development

(a) Physical

It is important to remember that growth is an individual matter, but that weight records indicate whether or not normal physical development is taking place.

(b) Emotional

Parents need to be cautioned in expecting their child to accept social responsibilities at too early an age, such as keeping himself dry or free from soiling. This habit training process is also an individual matter. Much is frequently gained if this is made a pleasant experience for the child. All too often the child is punished for not meeting the parents' demands in this regard.

(c) Mental

Mental development differs with each individual, so that parents need to accept the fact that each child develops at his own rate. It is important that a happy wholesome environment be maintained, and this end can be more easily attained if a child is not under tension or pushed beyond his capacity.

3. Communicable Disease

The prevention of commnicable disease needs always to be stressed. If a disease occurs, the parent should be instructed regarding how to prevent spread of the infection and how to care for the patient in order to prevent complications.

4. Dental Health

The importance of good dental health also should be stressed. Proper toothbrushing with regular visits to the dentist will do much to eliminate tooth troubles in the future of the child. He should have visited the dentist by the time he is two years old.

E. Preschool Conferences:

In many areas of Iowa, P.T.A. organizations have sponsored an annual summer round-up for those children who will enter school the next year. The policy of these conferences is determined by the local county medical society. In some areas a clinic type of program has been followed. In other areas the parent has gone to the physician of his choice and had a physical examination, either prior to the conference or following the conference. In either program it is an excellent opportunity for the county nurse or the school nurse to get acquainted with more parents and it also affords an excellent time to give information regarding nutrition, and the physical and emotional growth factors. The kindergarten teacher should be included in the plan, as she can help parents with problems of school adjustment.

It is recommended that all infant and preschool children be under regular medical supervision. Child Health Conferences have been developed to offer medical supervision to well infants and preschool children not under regular care of their family physician.

PART XII

SCHOOL HEALTH

It is to be remembered that all school personnel are also interested in the health of the child, so that it is well that each nurse giving school service be familiar with the program of the school or schools in which she serves. She should use the contents of the handbooks published by the State Department of Public Instruction "A Plan for Health Education for Rural and Elementary Schools of Iowa," Vol. VII and "High School Handbook".* A well planned school health program is a cooperative project with the child, parent, teacher, school administrator, school custodian, lunchroom worker, bus driver, and all public health personnel participating. HEALTH IS A MATTER OF EVERYDAY LIVING.

A. Objectives:

1. Promote a healthful and safe environment.
2. Assist in control and prevention of communicable disease.
3. Help the child to recognize and meet his health needs and assist him to follow through on the prescribed treatments or recommendations.
4. Assist the teacher and parent to understand the child as a whole and be aware of the progressive growth of changes.
5. Assist in curriculum making, so that health education is an integral part of all teaching.
6. Encourage community projects that will benefit the school child. (Hot lunch program, dental health program, etc.)
7. Correlate the activities of school health program with activities in the home and community.

B. Guides:

1. Consult local county medical society, local health officer, and school physician for orders regarding first aid supplies and plans for control and prevention of disease in the school.
2. Arrange for scheduled conferences with the teacher, so that guidance may be given in the observation of the pupils' activities and behavior. The exchange of thinking in regard to pupils' problems is very helpful to both teacher and nurse. It also gives the nurse better insight as to how she should approach the home.

*Iowa Program of Physical Education For Boys--Also one for Girls Published in 1945.

3. Observe and inspect the physical environment of the school with the person responsible for its maintenance. The District Public Health Engineer and the Sanitarian can always be consulted if assistance in the field of school sanitation is desired.

4. Assist in securing adequate periodic health examinations at stated intervals. (Entrance to school, 3rd year, 6th year, 9th year, and 12th year). This is only to supplement the continuous medical and dental supervision which the school child receives from his family physician.

5. Obtain participation of the organized groups, such as P.T.A., Health Councils, and Education Clubs, to promote health projects that will make for a better acceptance of a generalized health program.

6. Consult the local county dental society or in the absence of such, the county dental health committeeman or the individual dentist concerning all phases of the dental health program.

   (a) The Iowa Dental Plan may be followed. See Dental Health Education Manual.

   (b) Increasing emphasis will be placed on the topical application of Sodium Fluoride to the teeth of school children in the coming years.

C. <u>The School Visit</u>:

1. Frequency:

   The number of visits to schools each year will depend on the number of schools, amount of contagious disease, and whether the program is specialized or generalized. The teachers and superintendents may be notified, if possible, in time so as to plan for the nurse's visit. This will also make it possible for the teachers to inform the parents, so that they may be invited to come to the school for nurse, teacher, parent consultations. In high school, the nurse should plan time for student consultations.

2. Teacher Nurse Conferences:

   The teacher and nurse, by individual or group conference, should work cooperatively in planning the health program. Both teacher and nurse need to be aware of the growth changes, as well as the fact that all behavior has a cause. Development of an appreciation of the child as a whole is most helpful.

3. Records:

The accumulative health record (PHN 52) is a joint responsibility of the teacher and the nurse. This record is a picture of the child's physical growth and emotional development. It is important that the child's assistance is solicited in the keeping of this record. Periodic weighing and measuring may easily be his responsibility. The teacher's observations of the child's activities and behavior at school may be helpful to the nurse as she works with the parent. The record may also be a useful tool for the teacher in her conferences with the parent. These records are of a permanent nature and should be transferred with the child as he moves from school to school or grade to grade.

4. Environment:

The teacher and nurse should make an observation of the sanitation facilities of the school environment. The findings should be discussed with the person responsible for the maintenance of the school. Pupils and parents may be stimulated to assist in this project.* The following factors should always be considered:**

(1) Source of water.
(2) Type of drinking facilities.
    a. Type of dispenser.
    b. Storage of drinking cups.
(3) Handwashing facilities.
    a. Running water.
    b. Separate towels.
(4) Lunch facilities.
    a. Storage of dinner pails.
    b. Safe kitchen.
(5) Heating and ventilation of classroom.
(6) Insect control.
    a. Screening.
    b. Waste Disposal.

*See plan for Health Education for Rural and Elementary Schools - pages 23 through 28.

**See Iowa School Sanitation Manual
Rural Schoolhouse Lighting
Rules and Regulations Relating to Sanitation
Heating and Ventilating Requirements for Rural Schools
Sanitation Guide for School Lunch Program

(7) Toilet facilities

(8) Seating and lighting.

5. Accidents:

Accident prevention should be discussed by the nurse and teacher; the first aid supplies noted. (These materials and their use should be approved by the local county medical society.)

6. Teacher health:

The teacher may need guidance in developing the proper wholesome mental attitude toward her position, her pupils, and the community. Teachers should be encouraged to have regular medical aid, dental examinations, and they should be encouraged to participate in health projects such as the x-ray program and immunization.

D. Suggestions for the Control of Communicable Disease in the School:

1. Constant observation by teachers for deviations from normal appearance or unusual behavior are to be noted, as these may be an early sign of illness.

(a) Routine inspection may be used in epidemics, but it is a parent responsibility to send the child to school in good health. This responsibility may be neglected if the school has a rigid inspection routine.

(b) The fact that a child may become ill during the school day is another reason why routine inspection is not the best practice for noting unusual behavior or change in appearance. One must be observant of these changes at all times during the day.

2. Exclude child from school if he is not well.

(a) Health Officer or school physician will formulate policies in accordance with Iowa Rules and Regulations. The Wall Chart may be helpful aid for the teacher.

(b) If a child is sent home because it is suspected that he has a communicable disease, the following precautions are to be taken:

(1) Be certain there is someone at home to care for the child.

(2) Transportation may need to be arranged.

(3) If the child has to remain at school until satisfactory arrangements can be worked out, he should be isolated from the group.

3. Classroom activities may be used to stimulate preventive measures.

(a) Proper handwashing.
(b) Insect control.
(c) Lunch programs.

E. Home Visit:

The nurse frequently acts as a correlator. That is she is the one who is familiar with the activities of the school and also is acquainted with the parent and his problems. Sharing knowledge between the teacher, parent and nurse may prove helpful.

As the nurse visits in the home of the school child, the following questions might be considered: Are these parents aware of andable to cope with the growth and emotional changes in their child? Growth and mental development is an individual matter. Physical growth is dependent on the type of nutrition the child receives. Emotional development may reflect the family relationships. Are the child's rights in the family unit respected? Does this family appear to be a well planned unit? Families may be encouraged to plan work and recreational activities in which all members of the family can participate and enjoy. Does this family have regular medical and dental supervision? Do they know the resources in their community to assist them with their problems?***

***See Iowa Health Handbook

PART XIII

Mental Health

The following suggested responsibilities involve concern for the protective and preventive needs in the mental hygiene field and also for the services indicated in cases of mental illness: The nurse's own mental attitude will influence her activities and the manner in which she handles mental health problems in the home.

A. Activities of the public health nurse in the promotion of good mental health include:

1. A growing awareness of the emotional health problems which accompany physical conditions accompanying emotional difficulties.
2. Provision of guidance to parents of infants and young children regarding emotional and social growth patterns.
3. Provision of guidance of teachers regarding the common causes of some of the deviations from normal behavior which occur in school children.
4. Seeking continuous personal growth in the ability to participate impartially with family and community groups in arriving at methods of approach to the solution of problems.
5. Continuously growing in an understanding of the basic motives which determine behavior, and using this knowledge in counselling parents, teachers and others.
6. Developing and increasing capacity to recognize and utilize the promising factors in a problem situation.

B. Activities of the public health nurse in a program of community care for the mentally ill include:

1. Alertness to beginning signs of mental illness.
2. Case finding and medical referring.
3. Knowledge of resources for care.
4. Counsel to families of the mentally ill.

(a) Guidance in planning for care recommended by physician.

(b) Guidance in post-hospitalization follow-up care.

(c) Guidance and reassurance to the family, promoting better understanding of the mental patient in the home.

PART XIV

Dental Health Services

Since Dental Caries is the most widespread disease in the civilized world and since it affects nearly every man, woman and child, each individual may be considered a potential prospect for help with his particular problem. Home visits present an excellent opportunity for such discussion.

A. Public Health Objectives In Oral Health:*

1. The preservation and promotion of oral health as an integral part of general well-being and the prevention of oral disorders and disease.
2. The restoration to health and general well-being of every individual with an oral disorder or disease, and the reduction of the extent and severity of illness, discomfort, and disability caused by such oral conditions or diseases.

B. The Public Health Nurse In The Dental Health Program:

1. She is responsible to the local dental society or in the absence of such, to the county dental health committeeman or the individual dentist for guidance in carrying on the dental health program.
2. She has a threefold responsibility, a responsibility to the preschool child, to the school child and to the adult.
3. She should be familar with the Iowa Dental Plan, the medium used in the promotion of dental health in the public schools and the parochial schools. See Dental Health Education Manual for details.
4. She should have a scientific understanding of dental problems, preventive dentistry and trends in dentistry.
5. She should know the resources through which care may be provided.*
6. She should have knowledge of the law concerning the reporting of Vincent's Angina. See Rules and Regulations of the Iowa State Department of Health.

*See resource material.

PART XV

Orthopedic Nursing

A. Objectives:

1. Prevention through:
   (a) Good maternal and child care.
   (b) Adequate nutrition for normal growth and development.
   (c) Control of infectious diseases.
   (d) Improved environment such as adequate housing, proper lighting and seating in school.
   (e) Elimination of hazards and observance of safety rules in every day living.
   (f) Application of principles of good body mechanics and correct posture in sickness and in health.

2. Aid in restoration of health and normal function through:
   (a) Observing and teaching others early recognition of deviations from normal.
   (b) Assisting the family to obtain early diagnosis, treatment, and medical and nursing follow-up.
   (c) Guidance in adjustment to handicapping problems on the part of the patient, family, community, and nurse which includes practical wisdom, respect for authority of good professional service, accuracy, tolerance and patience.

3. Education and Rehabilitation through:
   (a) Utilization of state and community resources which assist the patient and family in making satisfactory emotional, social, educational, recreational and vocational adjustment.
   (b) Teaching the patient and the family the importance of self-reliance on the part of the crippled individual. This to be promoted by encouraging independence in the daily activities and interest in useful occupations. All responsibilities which the handicapped individual can assume in the family unit should be encouraged, thereby aiding in his social and emotional development.

B. Case Finding:

1. Referrals from physicians.
2. Birth certificates and morbidity reports from the State Department of Health.
3. Home visits in other spheres of service, i.e. observance of infants and small children.
4. School census.
5. Neighbors.
6. Social Agencies.
7. Members of the health council.

C. Special Responsibilities of The Public Health Nurse In Orthopedic Nursing

1. Assist in planning treatment - Parents are usually more willing to seek and to follow a sound treatment program which is outlined, at least in part, at the onset of the disability or as soon as they become aware of the defect. This adds impetus to the need for early diagnosis.
2. Interpretation of physician's recommendations - Since families may fail to recognize the seriousness of the condition, frequent interpretation of the physician's diagnosis and recommendations and the importance of long-time medical supervision may be necessary.
3. Planning for financial aid - The cost of treatment is often expensive, and the family may need assistance in meeting the cost. The nurse should know the resources in her area. (Refer to Iowa Health Agencies. A Handbook of Information.)
4. Awareness of points to be observed in the use of correctional devices:
   (a) Casts:
      (1) Is cast comfortable--causing pain?
      (2) Is circulation good--are fingers and toes warm and pink?
      (3) Is there evidence of poor circulation--are fingers or toes blue, cold, or swollen?
      (4) Is there presence of severe pain? (In emergency cast may be cut. If done, an immediate report to the family physician is imperative.)
      (5) Is cast clean--soiled--cracked, broken or soft?(A broken or soft cast does not give the necessary support, and family physician should be notified.)

(b) Splints and Braces:

(1) Is brace comfortable--Does it maintain proper support or correction? If not, state opinion of difficulty.

(2) Is there any evidence of interference with circulation of pressure areas?

(3) Is brace in good repair--are screws, buckles, straps intact?

(4) Are joints clean and oiled?

(c) Shoes:

(1) Are shoes comfortable--Properly fitted--In good repair? If not, what plans were made?

(2) Are all corrections maintained?

(3) Does family know how and where to have shoes corrected?

(d) Physical Therapy:

(1) Does the family have adequate instructions?

(2) Do they understand instructions?

(3) Are instructions followed routinely?

(e) Recreation:

(1) Since recreational facilities are often limited, it may be necessary to help the family and the patient to plan activities that can be done in the home.
(Refer to: Recreational Activities for Crippled Children. State Services for Crippled Children.)

PART XVI

State Services For Crippled Children

A. Definition of a crippled child: In Iowa the crippled children's program is directed to include individuals under the age of twenty-one with orthopedic, plastic (cleft lip and palate), diabetic, and cardiac crippling conditions.

B. Administration: This agency is administered on a federal level by the Children's Bureau. In the State of Iowa the agency functions under the State Board of Education and through the College of Medicine, State University of Iowa. The offices are in Iowa City. The staff consists of a director, chief nursing consultant, field nurses, medical social workers, and clerical staff.

C. Nursing reports are prepared by the SSCC public health nurses on crippled children who receive treatment at the University Hospitals, convalescent unit or examination at the field clinics or permanent clinic at the University Hospitals. These reports are sent to the local public health nurse and include identifying information, a brief medical summary and suggestions for home nursing care and the approximate return date.

D. Caseloads are prepared annually. The caseload includes names of all crippled children known to the agency residing within the county.

If any problems arise in regard to these children please write to:

Chief Nursing Consultant
State Services for Crippled Children
Children's Hospital, Iowa City, Iowa

E. The State Register is maintained by the State Crippled Children's Service which includes all known crippled children residing within the state. In order to have more complete statistical information within each county, the local public health nurse is requested to report known crippled children who are not listed on her county caseload. Before this information is submitted to the State Services for Crippled Children office, it is advisable to discuss the patient with the family physician in order to have accurate information regarding the patient. For registration, the following information is necessary: Patient's complete name, address, birthdate, diagnosis, name of family physician. If diagnosis has not been established, a brief description of the disability should be included.

Additional information is desired in order to obtain a clear picture of the medical and social conditions. How many children are in family? Do they have any crippling conditions? Is the father employed? If so, what is his occupation? What treatment has been given or is being given? By whom? What is the parent's attitude toward the child? Will assistance be needed in the way of further diagnosis, medical care, nursing supervision? If the child is of school age, is he attending school? If not, have arrangements been made for special education?

F. Consultation service is available to local public health nurses. The request for consultation service should be made through the advisory nurse to the public health nursing consultant of the State Services for Crippled Children.

IN CONCLUSION

Public Health Nursing, if it is to fulfill its purposes, cannot be conducted as an isolated activity. The measure of Public Health Nursing effectiveness may well be evaluated in terms of its relationships to allied individuals such as nurses in the same and other fields, physicians, school and church personnel and other educators together with groups as civic groups, the medical profession, health department, board of education, social agencies and other divisions of the State Health Department. It is extremely important to make use of all resources within a community in order that a program be effective.